## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**CLAIMS AS FILED - PART I** 

Application or Docket Number

0//23 9586

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |                               |                              |                  | SMALL E             | OTHER THAN OR SMALL ENTITY |         |                     |                        |
|--|--|---|---------------------------------------|-------------------------------|------------------------------|------------------|---------------------|----------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS   |  |   | , oodanii.                            | 1                             | 10010                        | 11112            | RATE                |                            | OR<br>1 |                     |                        |
|  |  |   |                                       |                               | ( ) - > V                    |                  |                     | FEE                        | -       | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                               | NUMB                         | ER EXTRA         | BASIC FE            | E 355.00                   | OR      | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 20 mir                                | us 20=                        | *                            |                  | X\$ 9=              |                            | OR      | X\$18=              |                        |
|  | EPENDENT CL                                    |   | <del>/</del>                          | nus 3 =                       |                              |                  | X40=                |                            | OR      | X80=                | 08                     |
| MU   | DETIPLE DEPEN                                  | IDENT CLAIM P                             | HESENI                                |                               |                              |                  | +135=               |                            | OR      | +270=               |                        |
| * If   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                               |                              |                  | TOTAL               |                            | OR      | TOTAL               |                        |
|  | CLAIMS AS AMENDED - PART II                    |   |                                       |                               |                              |                  |                     | ,                          |         | OTHER               | THAN                   |
|  |  | (Column 1)                                |                                       | (Column 2) (C                 |                              |                  | SMALL ENTITY        |                            |         | SMALL               |                        |
| AMENDMENT A  | A.   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE     |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 20                                      | Minus                                 | <i> 2</i>                     | 0                            | = —              | X\$ 9=              |                            | OR      | X\$18=              |                        |
|  | Independent                                    | NTATION OF MI                             | Minus                                 | ***                           | F CLAIM                      | = -              | X40=                |                            | OR      | X80=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |                              |                  |                     |                            | OR      | +270=               |                        |
|  |  |   |                                       |                               |                              |                  | TOTAL<br>ADDIT. FEE |                            | OR      | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |                               |                              |                  |                     |                            | • ,     | ADDIT. FEET         |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY                | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE     |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | ·20                                       | Minus                                 | **                            | 20                           | = 8              | X\$ 9=              |                            | OR      | X\$18≡              |                        |
|  | Independent                                    | NTATION OF MI                             | Minus                                 | ***                           | T CLAIM                      | =                | X40=                |                            | OR      | X80=                |                        |
|  | THOTTHEOL                                      | TTTTT INC                                 | JEIII EE DEF                          | LNDLIN                        | CLATIVI                      |                  | +135=               |                            | OR      | +270=               |                        |
|  |  | TOTAL<br>ADDIT. FEE                       |                                       | OR                            | TOTAL<br>ADDIT. FEE          |                  |                     |                            |         |                     |                        |
|  |  | (Column 1)                                |                                       | (Column 2                     |                              | (Column 3)       | ADDIT. FEE          |                            |         | ADDIT. FEE          |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY         | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE     |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **                            |                              | =                | X\$ 9=              |                            | OR      | X\$18=              |                        |
|  | Independent                                    | *   | Minus                                 | ***                           | T CL AINA                    | =                | X40=                |                            | OR      | X80=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |                              |                  |                     |                            | 14      | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE                              |  |   |                                       |                               |                              |                  |                     |                            | OR      | TOTAL               |                        |
| ***  | If the "Highest Nu                             | mber Previously Pa                        | aid For" IN THI                       | S SPACE                       | is less tha                  | n 3, enter "3,"  | ADDIT. FEE          | L                          |         | ADDIT. FEE          |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |                               |                              |                  |                     |                            |         |                     |                        |